

**Department of Human Resource Management  
Consent for the Release of Information to a Third Party**

I,

\_\_\_\_\_  
(NAME OF INDIVIDUAL AUTHORIZING RELEASE)

authorize the Department of Human Resource Management to release the following

information \_\_\_\_\_

(title of series, file group, or description of information)

to whom \_\_\_\_\_ for the purpose of

\_\_\_\_\_.

I UNDERSTAND THAT THESE RECORDS ARE RESTRICTED UNDER STATE  
PRIVACY LAWS, AND CANNOT BE DISCLOSED WITHOUT MY WRITTEN  
CONSENT. I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT  
ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN  
RELIANCE ON IT. A NOTARIZED RELEASE SHALL NOT BE DATED MORE  
THAN 90 DAYS BEFORE THE REQUEST IS MADE.

Executed this \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of individual authorizing release,  
or parent, guardian, or legal representative)

\_\_\_\_\_  
(notary public, state of Utah)

\_\_\_\_\_  
(my commission expires (expiration date))